



Washington State Rx Services  
P.O. Box 40168  
Portland, OR 97240-0168



Return this form by Mail or Fax:  
Washington State Rx Services  
Attn: Appeal Unit  
PO BOX 40168  
Portland OR 97240-0168  
Fax: 1-866-923-0412

## WASHINGTON STATE Rx SERVICES COMPLAINT AND APPEAL FORM

Name of Person Filing Complaint	Telephone#
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Address	City	State	Zip
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Member Name	Patient Name	Member ID#
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Name of Provider Involved	Address	Telephone#
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Name of Provider Involved	Address	Telephone#
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Date(s) of Service \_\_\_\_\_

**Please write your complaint or appeal in the space below and on the back of this page.** Attach additional pages if needed. You may include any document such as explanation of benefits (EOBs), correspondence, or invoices which will help us investigate your complaint or appeal. **Please sign and date this form.**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Upon receipt of your complaint or appeal, Washington State Rx Services will mail you an acknowledgment letter.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.